

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	20	5/87
EXAMINER	703	5/5/87
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE

INDEX OF CLAIMS

Claim	Date
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SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) Cancelled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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